## APPLICATION FOR THE PUBLIC HOUSING PROGRAM

OFFICE USE ONLY

☐ Please check this box if you are a person with a disability and need help

with reading or filling out this formake a reasonable accommodati	ion for you. To make	such a request, p	please
call the Admissions and Leasing 0294 or the Maryland Relay Sys Housing Program General Infortime your address or contact inforthe appropriate changes. This do	tem 711 or 1-800-201 mation Guide for a list formation changes, cor	1-7165. You may st of organization ntact the Admissi	y also refer to the Public s that will assist you. If at any ions and Leasing Center to make
applications to: Custome	-		not be processed. Please mail Baltimore, MD 21223
About the Applicant Last Name:	First Name:		Middle Initial:
Social Security Number:	Date of Birth:	:	☐ Check this box if you are elderly, at least 62 years of age.
Contact Information			
Home Address:			
City:	State:		Zip Code:
Home Telephone:	·	Work or Cellular Telephone:	
Mailing Address (Complete only if different than Mailing Address:	above; can be P0. B	ox, family, friend	or Service Provider)
City:	State:		Zip Code:
Emergency Contact (May be your caseworker or fai	mily friend.)		
Name:	¥-0	Telephone:	
Address:			_
City:	State:		Zip Code:

#### **Housing Options**

Refer to the Public Housing (	General Information	Guide for more	information on	these programs –	you
may apply for more than one	•				

□ Family	Develo	pments
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- ☐ Senior Buildings (Available for those persons 62 years of age and older.)
- ☐ **Mixed Population Developments** (Efficiencies and one bedroom apartments available for non-elderly persons with a disability, elderly and near elderly.)

#### **Family Information**

First list the applicant, or the head of household. Second, list the spouse or co-applicant. Next list all children that live with you in order of age (oldest to youngest). Then list others that will live with you. If you expect more people to live with you, please explain (e.g. live-in aide, pregnancy or legal custody change). Please attach another sheet of paper if you need to add more people. Please provide all requested information for each additional person.

Please use the Race / Ethnicity Chart below and choose a corresponding letter for each member of the household. Put that letter in the column marked Race/Ethnicity in the table below.

First and Last Name	Relationship to Applicant	Date of Birth	Sex M/F	Soc .Sec. # (Persons 6 years+)	Race / Ethnicity**
Applicant or Head of	Self				
Household					
1.					
Spouse or Co-applicant					
2.					
Child					
3.					
4.					
5.					
6.					

### \*\*Race and Ethnicity Chart (This information is requested for statistical purposes only.)

- A. White Hispanic
- B. White Non-Hispanic
- C. Black Hispanic
- D. Black Non-Hispanic
- E. American Indian / Alaskan / Hispanic
- F. American Indian / Alaskan / Non-Hispanic
- G. Asian or Pacific Islander Hispanic
- H. Asian or Pacific Islander Non-Hispanic
- I. Other

# Household Income

List below income for ALL household members.

Family Member Name	<b>Type of Income</b> <i>TANF, SSI, SSDI, TEMHA, Veteran's Pension, Employment or Other</i>	Amount Received Per Month
Applicant or Head of Household		
1.		
Spouse or Co-applicant		
2.		
Child		
3.		
4.		
5.		
6.		

# More information about the applicant

Check $(\sqrt{\ })$ all that apply.			
☐ I do not have a fixed, regular and adequate nighttime residence.			
☐ I have a lease and utility bill in my name and I am currently paying more than 50% of my income toward rent and utilities. I am paying \$ per month for rent and utilities.			
☐ I am unable to fully use my current housing due to inaccessibility of my unit because I, or a member of my family, have/has a mobility impairment or other impairment.			
☐ I am a person with a disability (if you need a reasonable accommodation because of your disability, please complete the Reasonable Accommodation Information section of this application).			
☐ I must vacate my current home as a result of a disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable or because of Federal, State or local government action related to code enforcement, public improvement or development.			
☐ I am living in a home that does not provide adequate shelter, or does not have one of the following: operable indoor plumbing; safe electrical service; heat; or a usable tub or shower, or is over crowded according to HQS or local/state or BOCA codes, or is dilapidated and endangers the health, safety, and well being of the family.			

Job / Training Information		
Check ( $\sqrt{\ }$ ) all that apply.		
☐ I am currently employed. My employer is		
☐ I am currently self-employed. My business is		
☐ I am enrolled in a verifiable job training program. The program is		
☐ I am an honorably discharged Veteran.		
Criminal History		
I understand that the information requested will be used to conduct a criminal record screening required as part of the eligibility determination process. I hereby consent and authorize HAB criminal conviction record check as part of this application process. I also understand that the criminal record check or false statements or information are grounds for denial of housing ast termination of housing assistance (eviction). In the table below, please check ( $$ ) "Yes" or "statements of ta	C to con ne results ssistance	nduct a s of this
Have you, or any family member, ever been convicted of a violent or drug related crime?	□ YES	□ NO
Have you, or any family member, ever been required to register as a sex offender?	YES	NO
Are you, or any family member, currently on parole, probation or home monitoring?	YES	NO
Your signature below indicates your consent for HABC to conduct the criminal conviction readults (18 years and older) must sign below. Parents or legal guardians may sign for minors younger).		
Date:		
Applicant		
Co-applicant Date:		
Date:		
Household member		
Household member  Date:		
Date:		
Household member		
Household member  Date:		

## Reasonable Accommodation

Check  $(\sqrt{v})$  "Yes" or "No".

Do you or your co-applicant have a disability?	□ YES	NO
Do you or any member of your household need an accessible unit because of disability		
mobility impairment, or do you need a special feature due to a disability?	YES	NO
(for example: wheelchair or difficulty walking)	1 Lo	110
(for example, wheelenan of anticulty walking)		
If you answered "Yes" to the above question(s), please check what type of accommodation	is you nee	ed.
Assistance with the application process.		
	YES	NO
Help with understanding or using the Public Housing Program because of your disability.		
	YES	NO
A unit for persons with vision impairments (blind, limited vision).		
	YES	NO
A unit for persons who are deaf or hard of hearing.		
	YES	NO
An extra bedroom for a live-in aid or attendant.		
	YES	NO
A unit all on one level, with no steps, including to enter/exit.		
	YES	NO
A ramp to gain entry/exit the unit.		
	YES	NO
A bedroom and bathroom on the first floor.		
	YES	NO
Modifications to bathroom.		
	YES	NO
A unit accessible to a person using a wheelchair.		
	YES	NO
Accessible parking space.		
	YES	NO
Other modifications; please describe:		
	YES	NO

#### PLEASE READ CAREFULLY AND SIGN

I understand that the HABC requests this information as part of the preliminary application. Some information is being obtained for statistical purposes only. The HABC is an equal opportunity housing provider and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, family status or any other basis prohibited by law in the administration of programs and activities.

All HABC services are implemented in compliance with Title VI of the Civil Rights Act of 1964; Title II of the Americans with Disabilities Act of 1990; Title VIII of the Civil Rights Act of 1968, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Fair Housing Amendments Act of 1988; and all other applicable Civil Rights and Fair Housing requirements. If you believe you have been discriminated against, you may call:

#### **HABC Fair Housing & Equal Opportunity Office**

417 E. Fayette Street, Suite 922 Baltimore, MD 21202 (410) 396-3246 Maryland Relay System 711 or 1-800-201-7165

You may also contact one of the following agencies:

Baltimore Neighborhoods, Inc. PHONE (410) 243-4400	Maryland Commission on Human Rights PHONE (410) 767-8600 TTY (410) 333-1737
US Dept. of Housing and Urban Development PHONE (410) 962-2520, ext. 3056 TTY (410) 962-0106	Baltimore Community Relations Commission PHONE (410) 396-3141

By signing below, I/We certify that the information given to the HABC in this application form is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and grounds for the HABC denying housing assistance.

I/We also understand that a criminal background check will be performed for members of my household, fourteen (14) years and older according to the Federal Law.

Applicant	Date
Пррисин	Dute
Co-Applicant / Spouse	Date

NO MONEY WILL BE ACCEPTED TO PROCESS ANY APPLICATION FOR PUBLIC HOUSING OR SECTION 8 SUBSIDY PROGRAMS IN BALTIMORE CITY.

#### NOTICE!!

# NOTICE REGARDING THE HOUSING AUTHORITY OF BALTIMORE CITY'S MIXED POPULATION BUILDINGS

If you have a disability and need an efficiency or a one-bedroom apartment, or you need a two bedroom, or you need a two-bedroom unit for disability-related purposes, you may be able to live in one of HABC's mixed population buildings. If you have a disability, you do not have to be elderly (62 or older) or near elderly (50 or older) to live in a mixed population building.

Efficiency apartments in mixed population buildings may be available sooner than other types of housing. A list of the mixed population buildings is in the blue Public Housing General Information Guide.

If you are interested in living in a unit in one of HABC's mixed population buildings, complete **the blue Public Housing application form** and check the "Mixed Population Developments" box next to the "Mixed Population Developments" box next to "Options." You may check more than one box so if you are interested in other types of public housing, you should check all other boxes under "Options" that indicate the type of public housing in housing in which you are interested in living.

## **NOTES**

#### MAIL YOUR APPLICATION TO:

Customer Relations Office 1225 West Pratt Street Baltimore, MD 21223.



Visit Us Online!

http://www.baltimorehousing.org